



UCA #:

ILLINOIS LIQUOR CONTROL COMMISSION
DIVISION OF ENFORCEMENTAPPLICATION TO PARTICIPATE IN THE UNDERAGE COMPLIANCE CHECK PROGRAM
UNDERAGE PARTICIPANT

ALL INFORMATION SHALL BE PRINTED WITH A BALL POINT PEN, TYPED, OR COMPUTER GENERATED.

1. LAST NAME:		2. FIRST NAME:		3. MIDDLE NAME:		4. DATE OF APPLICATION:	
5. HOME ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE):						6. HOME TELEPHONE NUMBER:	
7. SCHOOL NAME AND ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE):						8. SCHOOL TELEPHONE NUMBER:	
9. EMAIL ADDRESS (HOME /PERSONAL):			10. SCHOOL EMAIL ADDRESS:			11. CELLULAR TELEPHONE NUMBER:	
12. SOCIAL SECURITY NUMBER:		13. DATE OF BIRTH:		14. AGE:		15. DRIVER'S LICENSE NUMBER:	
16. EMERGENCY CONTACT (NAME/RELATIONSHIP):			17. EMERGENCY CONTACT ADDRESS:			18. EMERGENCY CONTACT TELEPHONE:	
19. ADDITIONAL EMERGENCY CONTACT INFORMATION AS NECESSARY:							
20. MAJOR COURSE OF STUDY:		21. YEAR (SELECT ONE): FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> OTHER <input type="checkbox"/>				22. ACADEMIC CONTACT (NAME/TELEPHONE):	
23. ARE YOU WILLING TO PERFORM REQUIRED FUNCTIONS OF AN UNDERAGE PARTICIPANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		24. HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, EXPLAIN IN NARRATIVE. <input type="checkbox"/> YES <input type="checkbox"/> NO		25. DO YOU NOW OR HAVE YOU EVER WORKED AT AN ESTABLISHMENT THAT SERVES ALCOHOL? IF YES, EXPLAIN IN NARRATIVE. <input type="checkbox"/> YES <input type="checkbox"/> NO			
26. MEDICAL CONDITION(S): FOR YOUR SAFETY, DO YOU HAVE ANY CONDITION(S) THAT DIVISION STAFF SHOULD BE AWARE OF (E.G., ALLERGIC REACTIONS)? IF YES, EXPLAIN CONDITION(S) AND REQUIRED MEDICAL ACTION IN THE NARRATIVE. <input type="checkbox"/> YES <input type="checkbox"/> NO				27. DATE AVAILABLE TO START:			
28. NARRATIVE — EXPLAIN REASONS FOR YOUR INTEREST IN THIS POSITION (ATTACH ADDITIONAL SHEETS, IF NECESSARY):							



29. PHOTOGRAPH – HEAD/SHOULDER VIEW (CLOSE UP):		30. PHOTOGRAPH – FULL BODY SHOT SHOULDER WIDTH, HEAD TO TOE:	
31. COPY OF VALID DRIVER'S LICENSE (FRONT <u>AND</u> BACK):		32. COPY OF OTHER FORM OF PHOTO IDENTIFICATION OR ADDITIONAL PICTURE:	
<p>I DO SOLEMNLY SWEAR (OR AFFIRM) THAT THIS APPLICATION CONTAINS NO MISREPRESENTATION, FALSIFICATION, OMISSION, OR CONCEALMENT OF MATERIAL FACT AND THAT THE INFORMATION GIVEN TO ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ALL INFORMATION AND STATEMENTS GIVEN TO ME ON THIS APPLICATION ARE SUBJECT TO INVESTIGATION. I AM FURTHER AWARE THAT SHOULD ANY INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION OR CONCEALMENT OF FACT I MAY BE DISQUALIFIED AS AN APPLICANT OR AS AN UNDERAGE PARTICIPANT, FOR THE UNDERAGE COMPLIANCE CHECK PROGRAM WITH THE ILLINOIS LIQUOR CONTROL COMMISSION, ENFORCEMENT DIVISION, AND, IF I HAVE BEEN SELECTED, I MAY BE DISMISSED FROM THE PROGRAM, AND MY SCHOOL MAY RECEIVE NOTIFICATION OF SUCH DISMISSAL.</p>			
33. SIGNATURE OF APPLICANT:		34. PRINTED NAME OF APPLICANT:	
35. DATE:			
36. SIGNATURE OF WITNESS:		37. PRINTED NAME OF WITNESS:	
38. DATE:			
39. APPROVAL SIGNATURE (UNDERAGE COMPLIANCE PROGRAM COORDINATOR):		40. APPROVAL DATE:	

MAIL COMPLETED APPLICATION TO: ILLINOIS LIQUOR CONTROL COMMISSION, ATTN: HUMAN RESOURCES,
50 W. WASHINGTON STREET, SUITE 209, CHICAGO, IL 60602
OR EMAIL TO: LCC.HUMANRESOURCES@ILLINOIS.GOV



**ILLINOIS LIQUOR CONTROL COMMISSION
DIVISION OF ENFORCEMENT**

UCA #:



**AGREEMENT OF CONDITIONS AND PARTICIPATION AND LIABILITY RELEASE FOR THE
UNDERAGE COMPLIANCE CHECK PROGRAM**

I, _____, being 18 or 19 years of age, do hereby agree to assist the Illinois Liquor Control Commission, Division of Enforcement (referred to as "ILCC") as an Underage Participant in its enforcement of the Liquor Control Act of 1934 (referred to as "the Act"), to curb the sale of alcoholic beverages to minors under 21 years of age by participating in the Underage Compliance Check Program. I swear or affirm that I have never been convicted of a felony or of any tobacco or alcohol-related offense. I swear or affirm herein that no member of my immediate family owns any interest in any establishment regulated by the ILCC.

If accepted by the ILCC, I will obey all instructions, orders, or commands given to me by any ILCC Division of Enforcement staff member during the period of my participation with the Underage Compliance Check Program. I understand that such instructions, orders, and commands will be for my safety and protection. I understand the following are grounds for immediate termination from the program and shall include, but not be limited to: (1) any violation of law except while under direction of the ILCC; (2) failure to abide by the terms of this agreement; (3) failure to follow the instructions or procedures of the ILCC; (4) engaging in alcohol use; or (5) suffering any school-related problems including attendance and grades.

My participation with the Underage Compliance Check Program will involve attempting to make controlled purchases of alcoholic beverages, under the supervision and control of an ILCC Division of Enforcement staff member, from locations which may or may not be authorized under the Act to sell alcoholic beverages. I agree that my participation will also require completing ILCC forms and testifying as a witness for the ILCC in all subsequent legal actions arising from my participation. My participation will not involve the consumption of any alcoholic beverage. I understand that the purchase of alcoholic beverages by an individual under 21 years of age is unlawful and that nothing herein authorizes me to purchase or attempt to purchase alcoholic beverages except as directed by an ILCC Division of Enforcement staff member in a controlled purchase. I further acknowledge that, while I am participating in this program, I will hold the program, and my involvement in the program, in the strictest confidence.

I am fully aware of and appreciate the fact that, as a participant, I may experience or encounter many of the dangers and risks associated with law enforcement work. I fully realize and appreciate the fact that such dangers may result in physical harm, injury, or death to myself. I voluntarily accept any and all risks associated with such dangers.

In assuming such risks, I and my administrators, executors, heirs and assignees, agree not to bring a lawsuit or cause of action against the Illinois Liquor Control



Commission, any officer, employee or agent thereof, for any physical harm, injury or death to myself, as a result of my participation in assisting the ILCC with the Underage Compliance Check Program and enforcement of those sections of the Act governing sales to minors [235 ILCS 5/6-16, 6-16.1].

I agree to indemnify from any liability and save harmless the Illinois Liquor Control Commission, its employees, agents, and servants against liability arising from any claim, cause of action, or lawsuit brought against the Illinois Liquor Control Commission, its employees, agents, and servants as a result of my assisting the ILCC with the Underage Compliance Check Program.

In consideration of my acceptance as a participant in this investigation(s), I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages I may have against the Illinois Liquor Control Commission, its employees, agents, and servants from liability arising from my assisting the ILCC in conducting Underage Compliance Checks and enforcement of the Act.

It is further agreed that I will not carry false identification, or a firearm, knife, or other weapon, during my assistance of the ILCC. I also agree that I will not purport or identify myself as a police officer, Liquor Control Investigator or Special Agent, or any other law enforcement officer. I acknowledge that if I represent myself as a law enforcement officer, I will be arrested and prosecuted accordingly. I further understand and agree that my application to assist ILCC with the Underage Compliance Check Program will not result in compensation to me and that my participation is offered solely to assist ILCC with the program.

By my signature, I, the applicant, state that I have carefully read this release, I understand its content and I, voluntarily and of my own free will without any threat or promise or compensation made to me by anyone employed by or associated with the ILCC and not as part of any plea agreement or in lieu of any other legal action, do hereby agree to the terms of the release.

_____ Signature of Underage Participant	_____ Signature of ILCC Employee
_____ Printed Name of Underage Participant	_____ Printed Name of ILCC Employee
_____ Date	_____ Date